

FAIRFAX COUNTY PARK AUTHORITY

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12055 Government Center Parkway, Suite 927 Fairfax, VA 22035-1118

ASSUMPTION OF RISK (IMPORTANT: READ BEFORE SIGNING!)

You are registered for the	kayak tour on	, at the Riverbend Park
Visitor Center. We look forward to your visit.	Kayaking can be a fu	n sport. There are, however,
inherent risks involved. Prior to participating in	n the program this lette	er must be read, understood
and signed by each participant. If the participa	nt is a minor, the parti	cipant and the participant's
parent(s) or legal guardian must read, understa	nd and sign this letter.	This letter must be signed
and on file in order to participate. Please bi	ring this letter with y	ou on the day of your tour,
or mail to: Riverbend Park Visitor Center, 8	8700 Potomac Hills S	treet, Great Falls, VA.
22066.		

Unpredictable weather conditions are to be expected. For early summer and fall tours particularly, river water temperatures can be cold despite warm air temperatures.

Prior to participating, each participant will agree to inspect the equipment to be used, and if they believe anything is unsafe, they will immediately advise their instructor(s) and refuse to participate.

Each participant must acknowledge and fully understand that they will be engaging in activities that involve risk of serious injury, including permanent disability and death, and sever social and economic losses which might result from their own actions, inactions or negligence, and the actions, inactions, or negligence of others, or the conditions of the premises or of any equipment used. Each participant must assume all the foregoing risks and accept personal responsibility for the damages and medical expenses following any such injury, permanent disability or death. Each participant will be responsible for such injuries and/or property damage as described above and agrees to hold harmless the County of Fairfax, Park Authority, its officers, employees, volunteers and/or agents for such losses which might result from their participation in this activity.

This letter may not be modified in any way. If any part of this letter is determined to be invalid by law, all other parts of this letter shall remain valid.

The kayaks used for these tours are single person, Necky Manitous. Each participant will also be provided with a personal flotation device, paddle, and helmet which must be worn at all times while on the water.

Prior to attending tour

Kayaking in moving water is a strenuous activity. People who do not wish to or are not physically able to engage in strenuous activity should not participate.

703-324-8700 • TTY: 703-324-3988 • Online: www.fairfaxcounty.gov/parks • E-MAIL: parkmail@fairfaxcounty.gov



Prior to attending your tour please consider the following:

- 1) Eating- as with any exercise it is not advisable to eat a heavy meal just prior to attending your tour.
- 2) Stretching- Kayaking involves constant movement of the upper body and hips. At the beginning of the program we will do warm-ups that involve stretching.

What to bring

- Sunscreen
- Appropriate clothing cotton is not a good insulator once it gets wet. Fibers like nylon, silk, and wool retain insulating properties even when they are wet and therefore, keep the body warmer.
- Appropriate footwear i.e. aquasocks, tennis shoes, strapped sandals.
- Change of clothes for after the tour.
- Towel
- Water in an unbreakable container

What not to bring/wear

- Jewelry
- Any item you do not want to get wet
- Electronic equipment including cell phones, non-waterproof watches
- Any loose items should be secured to your person or left at home. i.e. glasses should be secured with a band.

Participants complete the following information

THE UNDERSIGNED HAS READ ALL OF THE ABOVE LETTER AND FULLY UNDERSTAND ITS CONTENT, AND SIGN IT VOLUNTARILY

Participant name (print):	Signature:		Date:
Participant name (print): Address:	City:	State:	Zip:
Date of Birth:/	·		-
Emergency contact:			
In the event of an emergency th	e Fairfax County Park Author	rity should co	ntact:
Name:	<u> </u>	•	
Address:			
FOLLOWING SECTION MI	IST RE COMPLETED IF F	PARTICIPA	NT IS A MINOR
FOLLOWING SECTION MU	UST BE COMPLETED IF F	PARTICIPAL	NT IS A MINOR
Name of parent/Guardian:			<u>.</u>
Relationship:	·		
If you have any questions price	or to participating in the tou	r call the par	rk at (703) 759-901
J. J			(,
	Riverbend Park		
	8700 Potomac Hills Stree	t	
	Great Falls, Virginia 2206	6	
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702 224 0700 - TTV 702 224 2222	0		
703-324-8700 • TTY: 703-324-3988	 UNLINE: www.rairfaxcounty.gov/pa 	arks • E-MAIL: pa	irkmail@fairfaxcounty.g

